Note: The certificate of mailing below can only be used for domestic .ate. All further correspondence including the Issue Fee mailings of the Issue Fee Transmittal. This certificate cannot be used notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. address; and/or (b) indicating a separate "FEE ADDRESS" for **Certificate of Mailing** - ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on M62/0819the date indicated below. CHIEF PATENT COUNSEL ENGELHARD CORPORATION Donna P. Foligno 101 WOOD AVENUE (Depositor's name) ISELIN NJ 08830 2 3 1999 (Signature) September **2**/, 1999 TOTAL CLARINGSEN APPLICATION NO. **FILING DATE EXAMINER AND GROUP ART UNIT DATE MAILED** 08/972,653 11/18/97 015 LOVERING, R 1721 08/19/99 PUTERKA, 35 USC 154(b) term ext. 0 Days. METHOD FOR PROTECTING SURFACES FROM ARTHROPOD INFESTATION ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE 4030C 424-405.000 A38 UTILITY \$1210.00 11/19/96 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Raymond F. Keller Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent attorneys or agents OR, atternatively, (2) the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached. attomeys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropiate when an assignment has been previously submitted to ☐ Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substititue for ☐ Advance Order - # of Copies\_ filing an assignment. (A) NAME OF ASSIGNEE ENGELHARD CORPORATION

بنان به used for transmitting the ISSUE FEE. ماناند

The COMMISSIONER/OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application Identified above. (Authorized Signature)

(B) RESIDENCE: (CITY & STATE OR COUNTRY) ISELIN, NEW JERSEY USA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

.

First Named Applicant

1

☐ individual

TITLE OF

INVENTION

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

09/24/1999 STEFERRI 00000205 051070

4b: The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER \_\_\_\_05-1070 (ENCLOSE AN EXTRA COPY OF THIS FORM)

Issue Fee

Advance Order - # of Copies

SEP 2 8 1999